

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M.D.	69350	4-19-99
O.I.P.E. CLASSIFIER		12	4/22
FORMALITY REVIEW		69055	5-4-99

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
- (Through numeral)	Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Final	Original	Date
1	✓	✓	03/24/99
2	✓	✓	03/24/99
3	✓	✓	03/24/99
4	✓	✓	03/24/99
5	✓	✓	03/24/99
6	✓	✓	03/24/99
7	✓	✓	03/24/99
8	✓	✓	03/24/99
9	✓	✓	03/24/99
10	✓	✓	03/24/99
11	✓	✓	03/24/99
12	✓	✓	03/24/99
13	✓	✓	03/24/99
14	✓	✓	03/24/99
15	✓	✓	03/24/99
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29	✓	✓	03/24/99
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If more than 150 claims or 10 actions
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